



<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>		Complete if Known																																																																																																																																																																																																																																															
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div style="display: flex; justify-content: space-between;"><div>TOTAL AMOUNT OF PAYMENT</div><div>(\$) 1,370.00</div></div>		Application Number	09/499,468-Conf. #1320																																																																																																																																																																																																																																														
		Filing Date	February 7, 2000																																																																																																																																																																																																																																														
		First Named Inventor	Ralph Alderson																																																																																																																																																																																																																																														
		Examiner Name	R. S. Landsman																																																																																																																																																																																																																																														
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<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div><div><input checked="" type="checkbox"/> Deposit Account:</div></div> <div style="margin-top: 5px;"><div style="display: flex; justify-content: space-between;"><div>Deposit Account Number</div><div>08-3425</div></div><div style="margin-top: 5px;"><div style="display: flex; justify-content: space-between;"><div>Deposit Account Name</div><div>Human Genome Sciences, Inc.</div></div></div><div style="margin-top: 5px;">The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div></div>																																																																																																																																																																																																																																																	
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